PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATI REINSTATEM	(5.00 m) 3.10 m; (6)	Sec	PARTMENT OF retary of State n of corporation			09 MAR 16	LED PM 4: 40 Y OF STATE	
DOCUMENT # P060000 68 463 1. Corporation Name						TALLAHAS:	SEE, FLORIDA	
Invarel, Inc	•				5	0014593 6/0901034	35655	
2. Principal Office Address - No P.O. Box # 3. Mailing Of			ffice Address		03/1	6/0901034	023 **1050.00	
Calle Numacia #21		200 South Biscayne Boulevard			DEI	ALESSATOL	MT -	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			REINSTATEMENT 07-09			
Santa Cruz de Tenerife		Sixth Floor			orated or Qualified 05/1	5/2006		
City & State		City & State	City & State		5. FEI Number ✓ Applie			
Islas Canarias		Miami, FL					✓ Applied For Not Applicable	
Zíp	Country Espana	Zip 33131	Country United S	tates	6. CERTIFICATE			
	7. Name and Address o	Current Registere	d Agent					
Name Francisco Martin					☐ The reinstatement fee is imposed, except in			
Street Address (P.O. Box Number is Not Acceptable) 200 South Biscayne Boulevard					circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Suite, Apt. #, Etc. Sixth Floor								
City Miami			State Zip Code 33131				1	
8. I, being appointed th	e registered agent of the abo	ve named corporation	on, am familiar with ar	nd accept the of	bligations of section	on 607.0505 or 617.0503, F	S.	
Signature of Registered Agent See attached REGISTERED AGENT MUST SIGN						Date		
9. Names and Street A	Addresses of Each Officer an	t/or Director (Florida	nonprofit corporation	ıs must list at le	ast 3 directors)			
Titles	Name of			Address of Each and/or Director		City / \$	State / Zip	
P Jose Lu	Jose Luis Marante Diaz			Calle Numacia 21 Santa Cruz Tenerife			spana	
V Lizett Ge	Lizett Gonzalez Rodriguez			Calle Numacia 21 Santa Cruz Tenerife			spana	
			that	15				
	13/16		16	·				
				••				
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
SIGNATURE: SCL AHACKED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

pg 2082

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CORPÓRAT REINSTATEM	LEGY CATHER	FLORIDA DI Se DIVISK					
DOCUMENT 1. Corporation Name	Γ#						
Invarel, Inc.							
2. Principal Office Address - No P.O. Box # 3. Mailing Office Routing Colle Numacia #21 200 South			e Address Biscayne Boulevard		CR2E081 (12/08)		
		Suite, Apt. #, et	2.	1			
		Sixth Floor	,	4. Date incorpo	orsted or Custified 05/15/2006		
City & State		City & State		5. FEI Number			
Islas Canarias		Miami, FL		_ St PEI NUILLON	Not Applicable		
Zlp	Country Espana	Zip 33131	Country United States	6. CERTIFICATE	G. CERTIFICATE OF STATUS DESIRED S6.75 Admittaged For Inquired for a Certificate of \$1 and		
	7. Name and Address of	d Current Registe	red Agent				
Name Francisco Martir	n		٠.		☐ The reinstatement fee is imposed, except in		
Street Address (P.O. E	lox Number la Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
200 South Bisca Suite, Apt. #, Etc. "	ayne boulevard	,	and the same and the same and the same of the same the same and the sa				
Sixth Floor							
Chy Miarni			State Zp Code 33131				
8. I, being appointed t	he registered agent of the ab	ove named corpora	stion, am familier with and accept the	obligations of section	n 807.0505 or 617.0603, F.S.		
Signature of Registered Agent Trucke Must Sign							
				for all allowaters and			
	9. Names and Street Addresses of Each Officer and/or Director (Flor				20-12-17-		
Tites	Officers and/or Director	•	Street Address of Ea Officer and/or Direct	tor	City / State / Zip		
P Jose Li	uls Marante Diaz		Calle Numacia 21 Santa Cruz Tener		Islas Canarias, Espana		
V Lizett 0	Sonzalez Rodriguez		Calle Numacia 21 Santa Cruz Tenerife		Islas Canarias, Espana		
!		$\overline{\Delta}$	***************************************				
Maria antinataria mana	alamentar es allaces des ell	ssolution has/been e nemes of Individu eignature Imali her	atiminated the compares name untied	les the requirements or an exemption cor ider outh.	epter 607 or 617, F.S. I further certify that when sting is of section 607.0401 or 617.0401, F.S., that all fees tailed in Chapter 119, F.S. The information indicated		
SIGNATURE:	SIGNATURE AND TYPED OR	RINTED HAME OF S	IGNING OFFICER OR DIRECTOR		Date . Daytime Phone #		